U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND 'EMPLOYEE REPORT" '

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Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only OOL ES	
E (MG1886)	_

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 97/2	2 Fiscal Year Covered From
	01 /01 / 04 Through 12 /31 / 04
Name and address of person filing	4 Name file number and address of labor organization
Name Timothy F Gericke	Name Boiler maker's Local #374
an age on some	Labor Organization File Number 003-125
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 1507 Cynthia Court	Street 6333 Kennedy Ave
City Schererville	City Hammond
State IN ZIP Code + 4 46375	State 1N ZIP Code + 4 46323

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in engaged in transactions (including loa monetary value from an employer whose employees you	ins) with or r organizati	derived income of other economic benefit of on represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	t	7 a Nature of Interest Transaction or Income
Name		
Trade Name if any		
PO Box Bldg Room No If any		
		7 b Amount
Street		
City		
State ZIP Code + 4		

Signature

15 Signature and verification The undersigned declares under penalty of submitted in this report functioning the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the sec	ng docum	nents) has been exam	nned by the signatory and is to the best of the
Signed	On	8-11-05 Date	219-845-1000 Telephone Number

ZIP Code + 4

11 b Approximate dollar value of such dealing \$27,750 00 Annual

Meeting that included round of golf and

dinner snacks and beverages on course

12 a Nature of interest held or income received

12 b Amount \$300 00

13 a Name and address of Employer or L (including trade name if any)	abor Relations Consultant	14 a Nature of payment
Name		
Trade Name If any		
PO Box Bldg Room No If any		
Street		
Crty		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment.

City

State